

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled) <input type="radio"/>				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CON EDISON CO. OF NEW YORK				
Address: 4 IRVING PLACE				
City: NEW YORK	State: NY	Zip: 10003		
Contact: WILLIAM H. MORRISON		Tel: 212 460 1132		
REMOVAL CONTRACTOR: CK&B ENV. INC				
Address: 1728 PUTNAM AVE				
City: RIDGEWOOD	State: NY	Zip: 11385		
Contact: DARIUSZ TOMCZYK		Tel: 718 388 8070		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				
IV. IS ASBESTOS PRESENT? (Yes/No) YES				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number) POWER STATION , GROUND FLOOR				
Bldg. Name:				
Address: 850 12 AVE				
City: NEW YORK	State: NY	County: MANHATTAN		
Site Location: MEZZANINE FLOOR				
Building Size: 120000	# of Floors: 12	Age in Years: 75		
Present Use:		Prior Use:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes	100			Ln Ft: YES      Ln M:
Surface Area	7248			Sq Ft: YES      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/19/2016				Complete: 12/30/2016
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

**XII. WASTE TRANSPORTER #1**

Name: ATC

Address: 2 MORRICHES MIDDLE ISLAND

City: SHIRLEY

State: NY

Zip: 11967

Contact Person: KEN

Tel: 631 924 5050

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIII. WASTE DISPOSAL SITE**

Name: MINERVA ENTERPRISES, INC

Address: 9000 MINERVA RD

City: WAYNESBURG

State: OH

Zip: 44688

Tel: 330 866 3435

**XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

**XV. FOR EMERGENCY RENOVATIONS:**

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.**



(Signature of Owner/Operator)

08/15/2016

(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**



(Signature of Owner/Operator)

08/15/2016

(Date)